

**BILLING CONTACT INFORMATION**

Legal Name:

Phone:

Fax:

Email:

**ADDRESS FOR BILLING**

Street Address:

City:

State/Province:

Zip/Postal:

**MAIN OFFICE LOCATION**

Street Address:

City:

State/Province:

Zip/Postal:

**IF SUBSIDIARY**

Name of Parent Company:

Street Address:

City:

State/Province:

Zip/Postal:

**LEGAL CORPORATION (INCLUDE COPY OF ARTICLES OF INCORPORATION)**

State/Province:

Entity:

Federal Tax ID#:

**LIMITED PARTNERSHIP BUSINESS**Sole Owner?  Yes  No**STARTED**Month:  Year:

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**OWNER, PARTNERS, OFFICERS NAME(S)**

Title:

Home Address:

City:

State/Province:

Zip/Postal:

Social Security Number:

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Title:

Home Address:

City:

State/Province:

Zip/Postal:

Social Security Number:

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Title:

Home Address:

City:

State/Province:

Zip/Postal:

Social Security Number:

Has any person named above declared or been involved in Bankruptcy?  Yes  No

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**TRADE REFERENCES**

Name:

Address:

City:

State/Province:

Zip/Postal:

Contact:

Phone:

Fax:

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**TRADE REFERENCES (CONT'D)**

Name:

Address:

City:

State/Province:

Zip/Postal:

Contact:

Phone:

Fax:

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**BANK REFERENCES**

Name:

Address:

City:

State/Province:

Zip/Postal:

Checking Account Number:

Loan Account Number:

Contact:

Phone:

Fax:

---

Name:

Address:

City:

State/Province:

Zip/Postal:

Checking Account Number:

Loan Account Number:

Contact:

Phone:

Fax:

**Nature Of Business**

Have you ever applied for an account with us before?  Yes  No

Do all orders REQUIRE a purchase order number?  Yes  No

Account balances over \$15,000 must have current Financial Statements on file.

Financial Statements (balance sheet and income statement) furnished?  Yes  No

The above information is for the purpose of obtaining commercial credit and is warranted to be true, correct and complete. Creditor, its Agents, or any Credit Bureau employed by Creditor is hereby expressly authorized to investigate the references herein listed or other data obtained from Applicant or from any other person pertaining to Applicant's credit responsibility. Applicant also authorizes the above bank to release information regarding his checking account balances and loan relationships. Applicants signature attest to Applicants financial responsibility, ability and willingness to pay Creditors invoices in accordance with Creditors terms of Net 30 days. Applicant agrees to pay a service charge of 1 1/2% per month on the unpaid balance after 30 days. Furthermore, Applicant agrees to pay for all costs of collection, including reasonable attorney fees, court costs and collection agency fees.

Applicant's Name:

Applicant's Signature:

Date:

**Please print and fax or email to:**

**Fax:** (815) 673-6059

**Email:** [info@fssolutionsgroup.com](mailto:info@fssolutionsgroup.com)